2/1 - 20 /		<u> </u>							
APR C 5 2004	·	·				004002	-003349.DAC.2	229524	
DECEARATIO	N AND I		F	Attorney Docke	t Number	4002-3	-3349/PC750.00		
FOR PATEN				First Named Inventor Charle		es L. Branch			
					СОМР	LETE IF KN	ETE IF KNOWN		
		☑ Declaration	,	Application No.			10/633,2	.88°	
☐ Declaration submitt	ted with S	ubmitted after		Filing Date			Aug. 1, 2	2003	
Initial Filing	(4	nitial Filing surcharge (37		Group Art Unit					
	ין	.16(e)) require	ea)	Examiner's Nan	ne				
PCT Internation And was ame I hereby state that I including the claims, as I acknowledge the du accordance with Title 3	fice address pinal, first ar names are I ion entitled HNIQUES F nich ereto. Aug. I conal Applica nded on have revies s amended ty to disclo 17, Code of	and citizenshind sole invento isted below) of FOR ILLUMINA 2003 ation No. 10/ wed and under by any amendron Federal Regula	as Uni	ted States App. 2.3% the contents of ferred to above is material to t §1.56.	listed belich is claid PACE Discretion Note the above. The patential is the patential in	low) or armed and No. or applicable ove-ident tability of	e). ified specific this applicat	cation,	
I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: Prior Foreign Application Number(s) Foreign Filing Date Priority Not Claimed Certified Copy Attached?									
		Country					Yes	No	
								Ø	
					10			⊠	
I hereby claim the benefit under 35 L Application Number(s)		any United States pro (MM/DD/YYYY)							
60/400,562		02/2002		Additional prosupplemental prior					
<u> </u>			1						

I hereby claim the bene below and, insofar as th United States application acknowledge the duty to §1.56 which occurred be date of this application:	ne subjec n in the n o disclos	ct matter of eacl nanner provided se material infor	n of the l by the fi mation a	claims irst pa as def	s of this ragraph ined in	applicati of Title 3 Title 37, d the nat	on is no 35, Unite Code o tional or	ot disclosed State of Feder PCT in	osed in the prior les Code, §112, I eral Regulations,
U.S. Pa		lication or PCT Number	Parent				ent Filing M/DD/YY		Parent Patent Number (if applicable)
As a named inventor, I hereb			red practiti	oner(s)	to prosecu	te this app	olication ar	nd transa	act all business in the
Patent and Trademark Office of	connected							Pla	ce Customer
		Cust	omer Num	ber			¬	Num	ber Bar Code
]	OR					L	abel Here
	X	Regi	stered prac	ctioner(s) name/re	gistration	number lis	ted belo	w.
	me		Regis	tration	Number	N	ame	Reg	istration Number
*			*						
			<u></u>						
X Additional register hereto.	red practio	ner(s) named on su	pplementa	Regist	ered Pract	ioner Infor	mation sh	eet PTO	/SB/02C attached
Direct all correspondence to	:	Customer Number Bar Code Label	er			OR	X Corre	esponde	nce address below
Name		Douglas A. Colli							
Firm Name					ORIARTY McNETT &HENRY LLP				
Address		111 Monumen	nt Circle, Bank One Tower, Suite 3700						
Address					 			 	
City		Indianapolis	T		State	IN		ZIP	46204
Country		USA	Telepho		0117 001 0100				317-637-7561
on information and belie knowledge that willful fal under Section 1001 of T	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
Full name of sole or fi	rst inve	ntor:							
Given Name (first	Charl	es L.			Family N		Branc	h	
and middle, if any)					or Surna	ime			
Inventor's Cianature					Date of Signatur	re:			
Inventor's Signature: Residence:	A dayor	ce, North Caro	line II	ΞΔ	3.3				
(City, State, Country)	Auvan	ce, moini Caro	nina, U) / \					
(,,)	USA				-			-	
Citizenship:									
Post Office	177 Plantation Lane, P.O. Box 320								
Address:		ce, North Caro							
(141800/rev. 3/20/02)			2						

Full name of additional	joint inventor, if any:		
Given Name (first	Kevin T.	Family Name	Foley
and middle, if any)		or Surname	
	1	Date of	7/28/03
Inventor's Signature:	/ ldy	Signature:	
Residence:	2877 Keasler Circle West, Tennessee	, USA	
(City, State, Country)		4.3	
	USA		
Citizenship:			
	2877 Keasler Circle West		
Post Office Address:	Germantown, Tennessee 38017		
Full name of additional	joint inventor, if any:		
Given Name (first	Maurice M.	Family Name	Smith
and middle, if any)		or Surname	
		Date of	
Inventor's Signature:	C 1 T YICA	Signature:	
Residence:	Cordova, Tennessee, USA		
(City, State, Country)	LICA		<u>, , , , , , , , , , , , , , , , , , , </u>
Citizenship:	USA		
Citizensinp.	9285 Oak Knoll Cove		
Post Office Address:			
	Cordova, Tennessee 38018		
Full name of additional	Thomas E.	Family Name	Roehm, III
Given Name (first and middle, if any)	I nomas E.	or Surname	Roemii, m
and middle, it any)	1 (1)	Date of	1 / -
Inventor's Signature:	Jamas & Relian	Signature:	7/29/03
Residence:	Braden, Tennessee, USA		
(City, State, Country)			
	USA	_	
Citizenship:			
	410 Highway 59		
Post Office Address:	Braden, Tennessee 38010		
Full name of additional	joint inventor, if any:		
Given Name (first	Richard	Family Name	Franks
and middle, if any)		or Surname	
		Date of	7/25/03
Inventor's Signature:	Andry find	Signature:	1/23/05
Residence:	Memphis, Tennessee, USA		
(City, State, Country)	770.4		
Otto a sa a la las	USA		
Citizenship:	8190 Meadow Vale		
Post Office Address:			
Post Office Address:	Memphis, Tennessee 38125		



DECLARATION

Registered Practitioner Information (Supplemental Sheet)

Name	Registration Number	Name	Registration Number
C. David Emhardt	18,483	David A. Warmbold	30,897
Joseph A. Naughton, Jr.	19,814	James J. Bindseil	42,326
John V. Moriarty	26,207		
John C. McNett	25,533		
Thomas Q. Henry	28,309		
James M. Durlacher	28,840		
Charles R. Reeves	28,750		:
Vincent O. Wagner	29,596		
Steve Zlatos	30,123		
Spiro Bereveskos	30,821		
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R. Randall Frisk	32,221		
Daniel J. Lueders	32,581		
Kenneth A. Gandy	33,386		
Timothy N. Thomas	35,714		
Kurt N. Jones	37,996		
John H. Allie	39,088		
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Troy J. Cole	35,102		
L. Scott Paynter	39,797		
Charles J. Meyer	41,996		
Matthew R. Schantz	40,800		
Gregory B. Coy	40,967		
Lisa A. Hiday	40,036	·	
John V. Daniluck	40,581	·	
Christopher A. Brown	41,642		
Arthur J. Usher IV	41,359		
Douglas A. Collier	43,556	,	
Brad A. Schepers	45,431		
Scott J. Stevens	29,446		
James B. Myers, Jr.	42,021		
John M. Bradshaw	46,573		
Charles P. Schmal	45,082		
David E. Novak	50,752		
Edward E. Sowers	36,015		
Quentin G. Cantrell	47,469		
John L. Roberts	50,453		
Denise M. Gosnell	51,748		
John J. Emanuele	51,653		<u> </u>

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						004002	-003349.DAC.22	29524
DECLARATION AND POWER OF ATTORNEY			F	Attorney Docket	Number	4002-3	349/PC75	0.00
FOR PATENT				First Named Inventor Charle			s L. Branch	า
					COMP	LETE IF KN	OWN	
		-		Application No.		,	10/633,2	 88
☐ Declaration submitted	d with S	Declaration ubmitted after		Filing Date			10/633,2 Aug. 1,20	>03
nitial Filing	ir (s	nitial Filing surcharge (37 (.16(e)) required		Group Art Unit				
		. ro(e)) required	u,	Examiner's Nam	e			
As a below named invertible My residence, post office I believe I am the original joint inventor (if plural name is sought on the invention SYSTEMS AND TECHN the specification of which (check one) Was filed on A PCT Internations	e address al, first ar mes are li n entitled NIQUES F h	and citizenship and sole inventor isted below) of FOR ILLUMINA	p are a r (if onlithe sub TING A	y one name is ject matter whith SURGICAL S	listed be ch is clai	low) or an	original, firs for which a p	t and atent
☐ And was amend	ded on				(if	applicabl	e).	
I hereby state that I had including the claims, as a substitute of a coordance with Title 37, hereby claim foreign priority pplication(s) for patent or invest one country other that hecking the box, any foreign pplication on which priority is	to disclo Code of ity benefit ventor's can the Ur an applica	by any amendr se information Federal Regula ts under Title 3 certificate, or 36 nited States of tion for patent	which ations, 35, Unit 65(a) of Amer	ferred to above is material to t §1.56. ted States Coc any PCT inter ica. listed belo	he pater le, §119(national	tability of (a)-(d) or application	this applicated this applicated the same street applications and the same street the same stre	ny foreig gnated a pelow, b
Prior Foreign Application Nu		Country		ın Filing Date DD/YY)	Priority Claime		Certified Copy	У
		Country	(191191/L				Yes	No
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hereby claim the benefit under 35 U.S.		any United States pro (MM/DD/YYYY)	1					-
Application Number(s) F 60/400,562		02/2002	:	☐ Additional prosupplemental prior	ovisional ap ity data sh	oplication nu eet PTO/SB	mbers are listed /02B attached h	d on a pereto.

I hereby claim the ben- below and, insofar as the United States application acknowledge the duty the \$1.56 which occurred be date of this application:	ne subject n in the r so disclos	ct matter of eacl manner provided se material infor	n of by t mati	the claims he first pa on as def	s of this a tragraph fined in 1	application of Title 3 Fitle 37,	on is no 35, Unite Code o	t disclo d State f Fede	osed in the prior es Code, §112, I eral Regulations, nternational filing
U.S. Pa		lication or PCT	Paı	rent	-		nt Filing M/DD/YY		Parent Patent Number
		Number				(101	101/00/11	· · · <i>,</i>	(if applicable)
As a named inventor, I hereb Patent and Trademark Office	y appoint	the following register	ed pr	actitioner(s)	to prosecu	ite this app	lication ar	nd transa	ct all business in the
Paterit and Trademark Office	- Connected	-	om or	Number		_		Pla	ce Customer
				The state of the s			7		ber Bar Code abel Here
	X	1	OR						
		Regi	stered	d practioner(s) name/re	gistration	number iis	ited belo	w.
Na	me		, F	Registration	Number	N	ame	Reg	istration Number
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hereto.		ner(s) named on su		nental Regist	tered Pract	1 -			
Direct all correspondence to	:	Customer Number Bar Code Label	r			OR _	X Corre	esponde	nce address below
Name		Douglas A. Colli	er, E	sq.			_		
Firm Name		WOODARD EM	HAR	DT MORIA	ARTY McN	NETT &H	ENRY LL	.P	
Address		111 Monumen	t Cir	cle, Bank	One Tov	ver, Suit	e 3700		
Address					,	r			
City	·	Indianapolis				IN		ZIP	46204
Country		USA		ephone	1	34-3456		Fax	317-637-7561
I hereby declare that all on information and belie knowledge that willful faunder Section 1001 of The validity of the application.	f are bel lse state itle 18 of	ieved to be true; ments and the li the United Stat	and ke se es C	I further th o made a code and t	nat these re punish	stateme able by	ents were fine or in	e made mpriso	e with the nment, or both,
Full name of sole or fi									
Given Name (first	Charl	es L.			Family N		Branc	ch	
and middle, if any)					or Surna	ame			
nventor's Signature:	Clu	e fis	~	4-	Date of Signatur	re:	Ju	M 34	0,2003
Residence:	Advan	ce, North Carc	lina	, USA					/
(City, State, Country)		,		<u> </u>					
	USA					_			
Citizenship:									
Post Office	177 Pl	antation Lane,	P.O	. Box 32	0				
Address:	Advance, North Carolina 27006								

(141800/rev. 3/20/02)

Full name of additional	joint inventor, if any:		
Given Name (first	Kevin T.	Family Name	Foley
and middle, if any)		or Surname	
		Date of	
Inventor's Signature:		Signature:	
Residence:	2877 Keasler Circle West, Tennessee	, USA	
(City, State, Country)			
	USA		
Citizenship:			
	2877 Keasler Circle West		
Post Office Address:	Germantown, Tennessee 38017		
Full name of additional	joint inventor, if any:		
Given Name (first	Maurice M.	Family Name	Smith
and middle, if any)		or Surname	
		Date of	
Inventor's Signature:		Signature:	
Residence:	Cordova, Tennessee, USA		:
(City, State, Country)			
	USA		
Citizenship:			
	9285 Oak Knoll Cove		
Post Office Address:	Cordova, Tennessee 38018		
Full name of additional	joint inventor, if any:	T =	T
Given Name (first	Thomas E.	Family Name	Roehm, III
and middle, if any)		or Surname	
		Date of	
Inventor's Signature:	7704	Signature:	
Residence:	Braden, Tennessee, USA		
(City, State, Country)	TTCA		
O'Ain an ah in t	USA		
Citizenship:	410 Highway 59		
Post Office Address:	Braden, Tennessee 38010		
	<u></u>		
Full name of additional		Family Name	Franks
Given Name (first	Richard	or Surname	A I CHILLS
and middle, if any)		Date of	
Inventor's Signature:	La fruit to he	Signature:	7/25/03
Residence:	Memphis, Tennessee, USA	, <u>1</u> . 7	
(City, State, Country)	Trompins, Tomicosco, Corx		
(Oity, Otato, Odaira y)	USA		
Citizenship:			
Olizonomp.	8190 Meadow Vale		
Post Office Address:	Memphis, Tennessee 38125		
i Posi Office Addiess.			

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DECLARATION

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Daniel J. Lueders	32,581		
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Quentin G. Cantrell	47,469		
John L. Roberts	50,453		
Denise M. Gosnell	51,748		
John J. Emanuele	51,653		<u> </u>

APR C 5 2004 004002-003349.DAC.229524 ARATION AND POWER OF **Attorney Docket Number** 4002-3349/PC750.00 ATTORNEY FOR PATENT APPLICATION First Named Inventor Charles L. Branch **COMPLETE IF KNOWN** 10/633,288 Application No. □ Declaration Submitted after 8/1/2003 **Filing Date** ☐ Declaration submitted with Initial Filing Initial Filing (surcharge (37 CFR **Group Art Unit** 3732 1.16(e)) required) Examiner's Name As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled SYSTEMS AND TECHNIQUES FOR ILLUMINATING A SURGICAL SPACE the specification of which (check one) is attached hereto. Was filed on 08/01/2003 as United States Application No. or \boxtimes PCT International Application No. 10/633,288 And was amended on (if applicable). I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56. I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: Prior Foreign Application Number(s) Foreign Filing Date **Priority Not Certified Copy** Attached? Country (MM/DD/YY) Claimed Yes No X \boxtimes I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. Application Number(s) Filing Date (MM/DD/YYYY) ☐ Additional provisional application numbers are listed on a 60/400,562 08/02/2002 supplemental priority data sheet PTO/SB/02B attached hereto.

United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations. §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application: Parent Filing Date Parent Patent U.S. Parent Application or PCT Parent (MM/DD/YYYY) Number Number if applicable) As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: Place Customer **Customer Number** Number Bar Code Label Here OR Х Registered practioner(s) name/registration number listed below. Name Name **Registration Number Registration Number** Additional registered practioner(s) named on supplemental Registered Practioner Information sheet PTO/SB/02C attached Х Direct all correspondence to: Customer Number OR Correspondence address below Bar Code Label Name Douglas A. Collier, Esq. WOODARD EMHARDT MORIARTY McNETT &HENRY LLP Firm Name Address 111 Monument Circle, Bank One Tower, Suite 3700 Address ZIP City Indianapolis State IN 46204 Country USA Telephone 317/634-3456 Fax 317-637-7561 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Full name of sole or first inventor: Given Name (first **Family Name** Charles L. Branch or Surname and middle, if any) Date of Signature: Inventor's Signature: Residence: Advance, North Carolina, USA (City, State, Country) USA Citizenship: Post Office 177 Plantation Lane, P.O. Box 320 Address: Advance, North Carolina 27006 (141800/rev. 3/20/02)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior

Full name of additional	joint inventor, if any:		
Given Name (first	Kevin T.	Family Name	Foley
and middle, if any)		or Surname	
		Date of	
Inventor's Signature:	2077 1	Signature:	
Residence: (City, State, Country)	2877 Keasler Circle West, Tennesse	e, USA	
(City, State, Country)	USA		
Citizenship:	USA		
	2877 Keasler Circle West		
Post Office Address:	Germantown, Tennessee 38017		
Full name of additional			
Given Name (first	Maurice M.	Family Name	Smith
and middle, if any)	Wilder ivi.	or Surname	
		Date of	
Inventor's Signature:	Alliam Misues	Signature:	3-22-04
Residence:	Cordova, Tennessee, USA		
(City, State, Country)			
	USA		
Citizenship:			
Deat Office Address	9285 Oak Knoll Cove		
Post Office Address:	Cordova, Tennessee 38018	St. Inc. to Levinia Green the Land Control of the C	
Full name of additional	T PROTERMONO DECISION DE ALBORRO DE PERES, DECISIONES DE PROTECCIONES DA LA COMPENSACIÓN DE LA COMPENSACIÓN DE		
Given Name (first	Thomas E.	Family Name	Roehm, III
and middle, if any)		or Surname Date of	
Inventor's Signature:		Signature:	
Residence:	Braden, Tennessee, USA	Signature.	
(City, State, Country)	Braden, Tennessee, USA		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	USA		
Citizenship:			
	410 Highway 59		
Post Office Address:	Braden, Tennessee 38010		
Full name of additional	joint inventor, if any:		
Given Name (first	Richard	Family Name	Franks
and middle, if any)		or Surname	
Inventor's Signature:		Date of Signature:	
Residence:	Memphis, Tennessee, USA	1	
(City, State, Country)			
Citizenship:	USA		
	8190 Meadow Vale		
Post Office Address:	Memphis, Tennessee 38125		
	Trainpins, Tomicosco 30123		

+

DECLARATION

Registered Practitioner Information (Supplemental Sheet)

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